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Items of Interest:

- **Capt. Thomas E. McGue** took over the helm as the Commanding Officer of Naval Health Clinic Great Lakes from Capt. Michael H. Anderson during a change of command ceremony on Friday August 11, 2006. Naval Hospital Great Lakes became Naval Health Clinic Great Lakes June 1st 2006, when the hospital reached another milestone toward full integration with their partner, the North Chicago VA Medical Center.
- **Captain Dale M. Molé** assumed command of Naval Hospital Naples from Captain Kathleen A. O'Farrell at a ceremony held onboard the Support Site at the Hospital July 14. During the change of command ceremony, Captain O'Farrell was awarded the Legion of Merit.

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Navy Medicine Transforms Training Command

By Mass Communications Specialist
3rd Class Heather Weaver, The
Journal, National Naval Medical
Center

BETHESDA, Md. - Naval Medical Education and Training Command (NMETC) will become the Navy Medicine Manpower, Personnel, Training and Education Command (NMMPTEC) Oct. 4 and align with the Navy Surgeon General's priority of a "One Navy Medicine." Personnel from the Bureau of Medicine and Surgery's M1 Manpower and Personnel division are integrating and changes are taking place.

"NMMPTEC will streamline Navy Medicine's implementation of Sea Warrior, a comprehensive career

development system that places the right Sailor with the right skills at the right time," said Rear Adm. Carol Turner, NMETC Commander. "The command ensures an agile medical force and improves the effectiveness and efficiency of accession, training, distribution and management of that force."

According to Turner, the new command will be broken up into four parts:

Workforce management -- executes personnel management strategies for end strength, promotion, accessions programs, school quotas, retention and enlisted officer bonuses for both active and re-

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SAN FERNANDO, Philippines - Hospital Corpsman 2nd Class Samirah Abdullah applies a dressing to Engineering Aide 2nd Class Marshall Gault both attached to Naval Mobile Construction Battalion One (NMCB-1), Aug. 2. NMBC-1 deployed 23 Seabees to the Philippines to participate in the annual Cooperation Afloat Readiness and Training (CARAT) 2006 exercise. U.S. Navy photo by Mass Communication Specialist 3rd Class Ja'lon A. Rhinehart

Naval Hospital Jacksonville Begins GITMO Deployments

By Loren Barnes, Naval Hospital Jacksonville Public Affairs

JACKSONVILLE, Fla. - Naval Hospital (NH) Jacksonville sent 29 medical personnel to the Guantanamo Bay detention camp in Cuba on Aug. 5.

This is the first wave of three groups totaling 106 hospital personnel who are heading to the island to provide medical support in the detainee camp this summer. The Naval Hospital Jacksonville units which include hospital corpsmen, nurses and physicians will replace personnel from other military treatment facilities who will be rotating out following a two-week transition period with the arriving troops.

Before flying to Guantanamo the medical personnel first went to Fort Lewis, Tacoma, Wash., for orientation and training in a simulated detainee environment. According to

Cmdr. Elizabeth French, the unit's senior nurse, noted that the hospital is solidly prepared to meet both its dual mission of readiness to support our troops abroad while continuing to provide excellent health care at home.

As always, the Sailors leaving for this six-month deployment had mixed emotions, reservations at being separated from their families and friends but also excitement at meeting the challenges of the job before them.

Referring to her fellow corpsmen she's leaving behind, Hospital Corpsman 2nd Class Sheila Velez said, "I'm going to miss these guys. But I'm all set to go." She continued, "I'm looking forward to it. It will be a good learning experience."

As this is her first deployment, Velez said she is very thankful to her fellow corpsmen; Hospital Corpsman 1st Class Misty Taylor and Hospital Corpsman 3rd Class

Carlos Calzada for telling her what to expect and how to prepare herself. Both have been stationed at Guantanamo before she noted.

Velez was seen off by her husband, Ernesto and children; Rashed, Michael, Fernando and Krista. She said she'd been preparing her family for several months, arranging day care, etc. but she said it is still difficult, especially for the younger children. "I won't be here for the first day of school. I'll miss out on that," she said sadly.

Before Velez and the other deploying Sailors said their final farewells, Capt. Raquel Bono, NH Jacksonville Commanding Officer, reminded them of the significance of their mission. "What we're doing is very, very important. You'll have the support from a great chain of command out there and we're all here for you as well," she said. "Do us proud! They know that NH Jacksonville is coming."

Corpsman Receives Medal for Courage Under Fire

By Lance Cpl. Ryan Trevino, Marine Corps Base Hawaii

MARINE CORPS BASE HAWAII - Hospital Corpsman 3rd Class Robert John Paul Hinckley, Combined Anti-Armor Team II, Weapons Company, 1st Battalion, 3rd Marine Regiment, received the Navy and Marine Corps Commendation Medal with "V" Device ceremony held May 26.

He received the award for his actions under fire during 1st Bn., 3rd Marines' deployment to Afghanistan where the unit was supporting Operation Enduring Freedom.

Hinckley said he remembers what happened Jan. 25 when a convoy in which he and several other Marines were riding left Camp Blessing and headed east along Pech River Road.

"We were riding through an area when one of the vehicles in front of me got hit by an improvised explosive device," he said. "The explosion caused the vehicle to flip upside down."

After the explosion, Hinckley said he was quick to respond.

"I was the first one out of the vehicle. I ran up to the humvee to assess the casualties," he said.

Hinckley said he immediately realized that the driver was unharmed during the blast, but the passenger, Lance Cpl. Billy D. Brixley was trapped in the vehicle and severely injured.

"I noticed he was hurt pretty bad," he said, remem-

bering his first reaction after seeing the trapped Brixley. He said Brixley's legs, arms, and some of his fingers were broken.

When Hinckley arrived at the destroyed vehicle, the ambush came into full effect. Insurgents started firing at the halted convoy with machine guns and rocket-propelled grenades. Koons said he saw Hinckley position himself in front of the fallen Brixley, to shield him from enemy fire.

"I looked around and saw rounds bouncing off the ground and the vehicle all around us," recalled Hinckley, who said he knew he needed to get Brixey out of the vehicle as soon as possible.

After getting Brixey safely out of the vehicle, Hinckley was able to stabilize him, and applied as many splints to Brixey's broken bones as he could, all the while protecting him from a barrage of enemy fire.

"My first instinct was to get him some cover," he said. "I needed to save this Marine's life."

The firefight ended when artillery support was called in on the insurgents' position up in the mountain.

Badly wounded and in need of immediate care, Brixley was rushed to a helicopter waiting to transport him to the closest hospital for treatment. He later died of his wounds.

According to the award citation, Hinckley, with complete disregard for his own safety, coordinated the delicate removal of the Marine from the wreckage under intense enemy fire for 30 minutes.

Navy 'Docs' Battle Wounds in Ramadi

By Cpl. Stephen Holt, 1st Marine Logistics Group, Camp Ramadi

CAMP RAMADI, Iraq - Working at the Charlie Medical unit at Camp Ramadi, a select group of Sailors is providing critical surgical care for Iraqi and coalition forces injured while battling a ruthless enemy in the fight to stabilize the area.

Known as Charlie Surgical, two Navy surgeons aided by six naval



CAMP Ramadi, Iraq - Army Capt. David M. Brennen, a field surgeon with the Charlie Medical unit at Camp Ramadi, leads a team of service members treating an Iraqi army soldier July 3. Charlie Medical is a joint medical center where U.S. Army and Navy medical personnel provide care for U.S. service members and Iraqis operating in and around the city of Ramadi and is one of the busiest trauma centers in Iraq. *U.S. Marine Corps photo by Cpl. Stephen Holt*

medical technicians, are providing a much-needed surgical capability that would not be available if they weren't there.

The U.S. Army-run medical facility, which does not possess a surgical operating element of its own, relies on the expertise of its Navy counterparts to stabilize the severely wounded before transporting them to the appropriate level of higher health care.

"It's like a really graphic episode of 'MASH', but this is real," said Cmdr. Joseph R. Rappold, a critical care surgeon and officer in charge of Charlie Surgical.

Since arriving six months ago, Rappold and his Sailors have had a hectic workload with near constant fighting throughout the city and surrounding areas.

To date, Charlie Surgical has treated more than 350 trauma cases, with a strong success rate for stabilizing patients before sending them elsewhere for further treatment if necessary. The unit treats Iraqi and American service members and civilians, along with the occasional insurgent, and has stabilized nearly 98 percent of the critically wounded patients they receive.

Given the high rate of violence in Ramadi, having a surgical unit in close proximity to the city provides faster care to service members, whose lives depend on how quickly they get treated, said Lt. Cmdr. Timothy J. Trainor, an orthopedic surgeon with Charlie Surgical.

If this surgical capability was not located on Camp Ramadi, patients would have to be transported to other medical facilities further away, hindering crucial treatment time, added Trainor.

"The wounds we see are horrific because of the firepower used to inflict them," said Rappold, who added along with gunshot wounds, burns and shrapnel makes up most of the wounds.

The "Docs" rely on their formal education and experience to handle injuries that come from the battlefield. But their school training and injuries experienced while stateside are nothing like what they face in the middle of one of the most dangerous areas of Iraq.

"Nothing you read about in any medical or surgical text book that can prepare you for this type of environment," said Rappold.

Transforms continued...

(Continued from page 1)

serve components.

Transformation -- develops and oversees transformational tools, including total force 5-Vector Models, Integrated Learning Environment and Knowledge Management.

Functional integration -- unifies all Medical Manpower, Personnel, Training and Education command's issues, such as requirements for training, emergency needs, lessons learned, changed or new policies, coming into the command and the exiting portal for appropriate execution.

Workforce development -- executes the day to day activities associated with the workforce, including curriculum management, development of re-usable learning objects,

course design changes, accreditation or certification requirements and management of graduate medical department education.

"The Chief of Naval Operations (CNO) has defined the Sea Warrior as 'the training, education and career-management systems that provide for the growth and development of our people and enhance their contribution to our joint warfighting ability,'" Turner said. "To meet the ... operational and health care requirements of Navy Medicine, Sailors require special knowledge, skills and training. This command will support the learning needs of today's Sailors, along with the manpower and personnel requirements."

Capt. Roberto Quinones,

NMMPETC prospective commanding officer said the new command will shape the future of Navy Medicine.

"This command will lead the way in establishing and moving forward a powerful organization that will deliver the right Sailor with the right skills at the right time," Quinones said. "This is all part of the CNO's vision of comprehensive career development and management system for today's Sailors. With the advent of the new command, we will continue to develop our 21st century leaders for Navy Medicine."

"We strive to provide our Sailors with rewarding career opportunities, to promote and retain the best and the brightest," Turner said.

Pharmacy Tech Training Federal Collaboration

By Lt. Marc S. Good, RN(CPAN), NC
M. Ed Head, Distance Learning, Visual Information Directorate
Naval Medical Education and Training Command

BETHESDA, Md. – In a landmark medical training initiative, Pharmacy Technician training representatives from the Army, Navy, Air Force, Coast Guard, and the Department of Veteran's Affairs (VA) convened June 12 – 16 at the Army Medical Department (AMEDD) Center & Schools, San Antonio, Texas, to compare the Pharmacy Tech curriculums of the three services and identify areas common to all.

As a result of the Base Realignment & Closure (BRAC) findings, the Pharmacy Technician training programs for all services will be co-located and eventually consolidated in San Antonio.

This effort also carries into the training realm the Navy Surgeon General's pioneering collaboration work with the VA.

The Naval Medical Education & Training Command (NMETC) serves

an integral role in facilitating collaborative tri-service medical training initiatives as well as those that include the VA. NMETC collaborated with the Army and Air Force on the vital web-based Chemical, Biological, Radiological, Nuclear, and high-yield Explosive Emergency Medical Preparedness Readiness Course (CBRNE EMPRC). Within the context of NMETC, tri-service representatives are currently collaborating to develop both instructor-led and web-based versions of the DoD's Sexual Assault Prevention & Response for Healthcare Workers course.

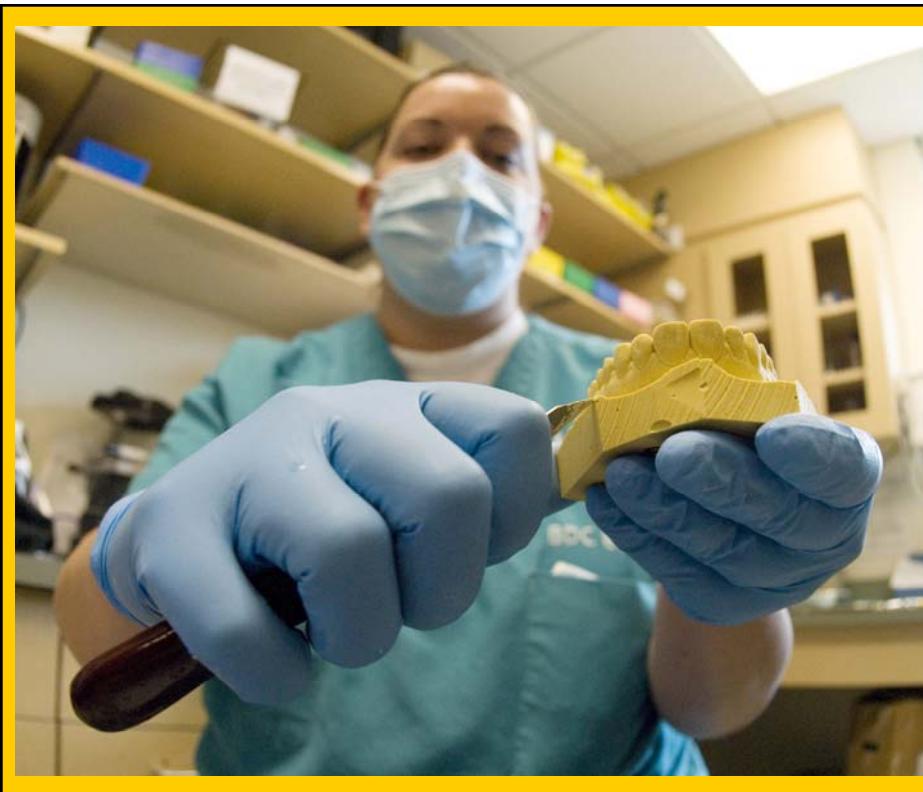
Although the Pharmacy Tech project began as an opportunity for Navy Medicine, and the timing was perfect to examine all three service-related pharmacy tech programs.

"A transformation in how we train our military health care personnel is underway," said Capt. Dan Wonderlich, action officer for Navy Medicine to Defense Medical Education and Training Center. "The Quadrennial Defense Review (QDR) and Base Realignment and

Closure (BRAC) initiatives are spearheading the move toward establishing the joint Medical Education and Training Center as a means to optimize overall performance and capabilities and increasing joint medical interoperability and deployability among the Services. In short, 'Train as we Fight.' The Pharmacy Course curriculum review is an essential integral step in identifying training commonalities and service-specific requirements as well as potential efficiencies."

Current funding provided by the Navy Region Northwest's Navy Shore Infrastructure Transformation program will allow a complete Training Analysis and Design of a "core curriculum" for potential development of web-based/computer-based lessons.

In keeping with the SG's goal of "One Navy Medicine," these web-based courses will assist in the seamless integration of the active and reserve components of the Navy, and be available for use by both the Armed Forces and VA.



EVERETT, Wash. - Certified dental assistant Marine Young trims a stone mold used to make a bleach tray at Naval Station Everett Branch Dental Clinic. The Naval Health Clinic Everett Dental Department can produce dental x-rays instantly thanks to their state-of-the-art digital x-ray machine. Manned by four doctors, five enlisted and four civilian personnel, the department is equipped to perform everything from routine cleanings to root canals and extractions. U.S. Navy photo by Mass Communication Specialist 3rd Class Douglas G. Morrison

USNS Mercy Arrives in Tarakan

By Mass Communication Specialist
2nd Erika N. Jones, USNS Mercy

TARAKAN, Indonesia - The U.S. Naval hospital ship USNS Mercy (T-AH 19) arrived off the coast of Tarakan, Indonesia, Aug. 10 to provide humanitarian assistance and civic aid to the people here.

Tarakan is the third stop in Indonesia where the ship's crew will provide medical treatment to the local residents. Mercy's visit to Tarakan is part of a five-month humanitarian assistance deployment to South and Southeast Asia.

Mercy's mission is being carried out in partnership with nongovernmental organizations and in close coordination with local medical care professionals. Volunteers from Project HOPE, Aloha Medical Mission and the University of California at San Diego's Pre-Dental Society joined Mercy along with many military medical specialists from the United States, India, Malaysia and Canada.

Mercy's highly-trained crew will be extending efforts to local hospi-

tals and outreach sites here to ensure numerous people receive medical treatment during the visit.

"We have a very busy week ahead with all the visits we have planned between the hospitals and outreach sites," said Capt. Joseph L. Moore, commanding officer of the Medical Treatment Facility. "There's going to be a lot of opportunity to help people clinically, as well as surgically. Everybody's rested up and ready to go."

The San Diego-based ship will provide various services such as optometry screenings, eyewear distribution, radiological and laboratory services, dermatology, obstetrics and gynecology, in addition to general surgery, ophthalmologic surgery, plastic surgery, basic medical evaluation and treatment, preventative medicine treatment, dental treatment and immunizations.

In addition, the ship has an embarked team of Seabees from the Naval Mobile Construction Battalion Four Zero (NMCB-40) to perform repair and minor construction here. The construction team will install air



TARAKAN, Indonesia - Navy Hospital Corpsman 2nd Class Ronald Bayaco, with the Medical Treatment Facility aboard the U.S. hospital ship USNS Mercy (T-AH 19), prepares to give a CAT scan to a local Tarakan woman during the first day of relief work on the island, Aug. 11. *U.S. Navy photo by Chief Mass Communication Specialist Don Bray*

conditioning units, repair and replace various electrical appliances and lights.

The U.S. Navy Showband is also deployed aboard the ship and will perform in select locations during Mercy's visit.

Medical Service Corps Birthday Celebration Held at BUMED



WASHINGTON — Rear Adm. Donald R. Gintzig, Deputy Director of Reserve Affairs, Medical Service Corps (MSC); and Lt. Karine Pierre, MSC, representing the oldest and youngest member the corps, cut the birthday cake during a celebration marking the 59th birthday of the Medical Service Corps. The ceremony was held at Navy Medicine Headquarters, Bureau of Medicine and Surgery (BUMED), on Aug. 4. *U.S. Navy photo by Bureau of Medicine and Surgery Public Affairs*

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